



**Testimony for the Ohio General Assembly Task Force for the
Preservation of Adult Vision
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Thank you for the leadership you provide as a member of this task force to increase public and legislative awareness of issues of the aging eye. Your efforts will determine what we as a state can do to prevent blindness in light of the significant increases coming in our senior population and what we can do as a state to prevent blindness.

The Situation:

More Americans than ever are facing the threat of blindness from age-related eye disease. The number of older citizens affected by these diseases is expected to double over the next thirty years as the Baby Boomer Generation ages, largely resulting from the eye diseases of diabetic retinopathy, cataract, glaucoma and age-related macular degeneration. More than 2.5 million people will be affected. The cost of visual disorders and disabilities in Ohio can reach over \$5.5 billion annually by the year 2030.

While people over the age of 65 represent 12.8 percent of Americans, older adults disproportionately constitute thirty percent of people with visual impairment in the United States.

In Ohio alone, there are 187,357 Ohioans aged 40 and older who are either blind or visually impaired. We know that the greatest societal and economic impact will come from aging Baby Boomers, but we're already seeing the impact resulting from the fastest growing age group in Ohio, the 85-plus population. Currently that age cohort numbers about 177,000, but it is the group that experiences the greatest rate of disability and it will continue to grow faster than any other group.

What Ohio's Aging Network is Doing:

Because ODA and the AAAs support people through community-based services, we see first-hand how vision loss affects seniors and their families. Transportation is one of our largest areas of Federal and State assistance. Why? Because loss of vision often results in loss of independence and vision loss greatly impacts a person's ability to get to important services and remain active in their community.

Even so, only one of the 12 Area Agencies on Aging operates a direct service program for the blind. Area Agency on Aging #3 in Lima has a \$25,000 contract with the Rehabilitation Services Commission to provide basic services and goods to the visually-impaired to enable them to become more self-sufficient, more mobile, and to maintain or increase their independence.

Beyond this specific program, most of the aging network's focus is to promote awareness of healthy living practices and disease prevention. The Older Americans Act provides just under \$1 million statewide to help the AAAs promote ***all disease prevention and healthy living***.

The aging network expands these resources by partnering with local health organizations, but to put this funding in perspective; it amounts to fifty cents per Ohio senior per year. That's a slim sum--considering the savings prevention could ultimately provide.

Perhaps the aging network's most important disease prevention effort exists in our nutrition programs. Congregate meal sites serve as a venue for health assessments which can detect eye disease and lead to treatment, and good nutrition provided by congregate meals and home-delivered meals can help prevent or delay eye disease.

Beyond these prevention efforts, Ohio's aging network is committed to help seniors find help with health issues, including vision, through Information and Referral efforts throughout Ohio and through ongoing outreach and education efforts.

But frankly, that's far too little. A tiny percentage of the agency's budget is devoted to awareness and prevention of disease—let alone eye disease.

Even Medicare's emphasis on prevention is inadequate for eye care. We believe routine vision screening would be a wise and very helpful prevention measure and feel it should be added for all covered individuals—especially as a part of the new “Welcome to Medicare” physical exam.

For these reasons, the Ohio Department of Aging was very interested in co-chairing Governor Taft's Aging Eye Private Public Partnership and why we've worked during the past two years to study and understand the scope of the problem and to make recommendations concerning this very important public

health issue. Co-Chair Dr. Robert Newcomb, OD and Professor of Clinical Optometry at The Ohio State University, has been a tremendous partner in this effort and the 23-member organizations have done a wonderful job participating in the development of a strategic plan of action shared with you in a report earlier this year. To help raise awareness, the Ohio Aging Eye Public Private Partnership is hosting a special one-day research conference, the first of its kind in the nation, on June 6 at COSI from 8 a.m. to 5 p.m.

While raising awareness is essential in addressing these issues, I'd like to emphasize two specific recommendations generated by Ohio's Aging Eye Public Private Partnership. These include increasing vision research and the creation of an Office of Aging Vision within the Ohio Department of Health to coordinate prevention and educational activities across Ohio.

Increasing Ohio's commitment to vision research yields benefits far beyond the recipients of sight-saving technology and medical advancements. Burgeoning research could play a vital role in Governor Taft's Third Frontier Initiative to revitalize and encourage investments in new and high-tech business enterprise in Ohio.

Ohio's climate is favorable for such investments. Our many universities already hold vast resources. Stimulated by the right incentives and strategic investments, Ohio could become the crucible enabling Ohio vision research scientists to get discoveries into the national and international marketplace. Ohio's economic future would benefit greatly from this kind of biotechnological development. Ohio's elderly will benefit, but so will Ohio businesses, Ohio's universities and Ohio's future workforce.

Nothing moves without organization and the creation of an Office of Aging Vision within the Ohio Department of Health would provide a coordinating position from which to launch outreach and education efforts toward local organizations and businesses concerned with health education and preventive health initiatives.

The coordinating office would develop educational materials for consumers, policy-makers and health care/aging network providers.

It would coordinate referrals and conduct public health surveillance of the impact and scope of vision loss in Ohio. It would provide orientation and training for professionals and volunteers within their networks to deliver eye health education programs to seniors in a variety of settings, including senior centers, congregate meal sites and public health clinics. In general, the office would provide the guidance and focus of vision loss prevention efforts to vulnerable audiences and family members throughout the state.

The key to focused action is awareness and understanding, and the focal point of the efforts of the Ohio's Aging Eye Public Private Partnership is prevention. In a time when we can ill afford a pound of cure, prevention seems the wisest investment we can make in public health.

I urge your continued consideration of the recommendations during testimony and thank the Ohio General Assembly's Task Force for the Preservation of Adult Vision for its vision and foresight in addressing the important issue of adult vision loss.

Thank you.